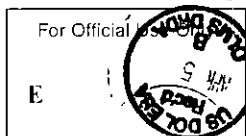


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25293	2. Fiscal Year Covered From: 01/01/2005 Through 12/31/2005
3. Name and address of person filing. Name Mike Kling P.O. Box, Bldg., Room No., if any P O Box 899 Street 18597 Valley Blvd City Bloomington State CA ZIP Code + 4 92316-0899	4. Name, file number, and address of labor organization. Name Teamster Union Local No. 166 Labor Organization File Number 036206 P.O. Box, Bldg., Room No., if any P O Box 899 Street 18597 Valley Blvd City Bloomington State CA ZIP Code + 4 92316-0899
5. Position in labor organization. Trustee / Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade name, if any P.O. Box, Bldg., Room No., if any N/A Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. N/A 7. b. Amount N/A

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Mike Kling</i></u>	On <u><i>3-30-06</i></u> Date	909-877-8326 Telephone Number

Name of Person Filing	Mike Kling	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business(1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Mike Kling</p> <p>Trade name, if any Teamster Local 166 Business Representative</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street P O Box 899</p> <p>City Bloomington</p> <p>State CA ZIP Code + 4 92316-0899</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust ++++++</p> <p>c. Employer</p>
<p>10. If 9 b. or 9 c. is checked give trust or employer's name</p> <p>Name American Benefit Plan Administrators, Inc.</p> <p>Trade name, if any Construction Teamsters Vacation / Holiday Trust Fund</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1325 N Grand Ave</p> <p>City Covina</p> <p>State Ca. ZIP Code + 4 91724</p>	<p>11. a. Nature of such dealing. International Foundation COnference</p> <p>11. b. Approximate dollar value of such dealing. \$3036.29</p> <p>12. a. Nature of interest held or income received.</p> <p>Room and Board and expenses for International Foundation Meetings</p> <p>12. b. Amount \$3036.29</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade name, if any</p> <p>P.O. Box, Bldg., Room No., if any N/A</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14. a. Nature of payment.</p> <p>N/A</p>
<p>13. b. Is the Business an Employer or Consultant ?</p> <p>N/A</p>	<p>14. b. Amount of payment.</p> <p>N/A</p>

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1. File Number U - 25293	2. Fiscal Year Covered From: 01/01/2005 Through 12/31/2005
3. Name and address of person filing. Name Mike Kling P.O. Box, Bldg., Room No., if any P O Box 899 Street 18597 Valley Blvd City Bloomington State CA ZIP Code + 4 92316-0899	4. Name, file number, and address of labor organization. Name Teamster Union Local No. 166 Labor Organization File Number 036206 P.O. Box, Bldg., Room No., if any P O Box 899 Street 18597 Valley Blvd City Bloomington State CA ZIP Code + 4 92316-0899
5. Position in labor organization. Trustee / Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade name, if any P.O. Box, Bldg., Room No., if any N/A Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. N/A 7. b. Amount N/A

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Mike Kling</i></u>	On <u>3-30-06</u> Date	909-877-8326 Telephone Number

Name of Person Filing	Mike Kling	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business(1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Mike Kling</p> <p>Trade name, if any Teamster Local 166 Business Representative</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street P O Box 899</p> <p>City Bloomington</p> <p>State CA ZIP Code + 4 92316-0899</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust +++++++</p> <p>c. Employer</p>
<p>10. If 9 b. or 9 c. is checked give trust or employer's name</p> <p>Name American Benefit Plan Administrators, Inc.</p> <p>Trade name, if any Construction Teamsters Vacation / Holiday Trust Fund</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1325 N Grand Ave</p> <p>City Covina</p> <p>State Ca. ZIP Code + 4 91724</p>	<p>11. a. Nature of such dealing. Construction Teamsters Vacation / Holiday Trust Fund</p>
	<p>11. b. Approximate dollar value of such dealing. \$297.00</p>
	<p>12. a. Nature of interest held or income received.</p> <p>Room and Board for meetings</p> <p>12. b. Amount \$297.00</p>
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade name, if any</p> <p>P.O. Box, Bldg., Room No., if any N/A</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14. a. Nature of payment.</p> <p>N/A</p>
<p>13. b. Is the Business an Employer or Consultant ?</p> <p>N/A</p>	<p>14. b. Amount of payment.</p> <p>N/A</p>